

County: Cherokee

Facility Type: Adult Day Care

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                            | Licensed<br>Units |
|---|--|-------------------|
| BETHEL SENIOR DAY CARE CENTER<br>218 W DR LM ROSEMOND LN<br>GAFFNEY, SC 29340-3144 FAC.#:864-489-7552<br>SANDERS JR, JAMES W PH#: 864-489-7552<br>Facility Email: BSDC2008@LIVE.COM | Cherokee / Corporation<br>PO BOX 44<br>GAFFNEY, SC 29342-0044<br>BETHEL SENIOR DAY CENTER INC<br>ADC-0153 / 11/30/2014 | 30                |
| Number of Participants:   |  | 30                |

Totals For Facility/License Type: Adult Day CareNumber of Activities/Facilities licensed: 1 Number Licensed Units: 30

County: Cherokee

Facility Type: Community Residential Care Facility

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units     |
|--|---|-----------------------|
| <b>CHEROKEE COUNTY COMMUNITY RESIDENTIAL CARE FACILITY</b><br>1434 N LIMESTONE ST<br>GAFFNEY, SC 29340-4798 FAC.#:864-487-2717<br>MATTHEWS, CINDY F PH#: 864-487-2717<br><b>Facility Email:</b> CINDYMATTHEWSPTC@BELLSOUTH.NET | Cherokee / County<br>1434 N LIMESTONE ST<br>GAFFNEY, SC 29340-4798<br>CHEROKEE COUNTY COUNCIL<br><b>CRC-0729 / 09/30/2014</b>                 | 28                    |
| <b>Alzheimer Care:Yes</b> <b>Max # Resident:3</b>  | <b>Alzheimer Unit: No</b>   | <b>Max # Beds: 0</b>  |
| <b>Certifications:None</b>   |   |                       |
| <b>IVY GROVE RESIDENTIAL CARE CENTER</b><br>483 LOCKHART LN<br>GAFFNEY, SC 29341-2841 FAC.#:864-487-0869<br>MELEKWE, OBIAJULU E PH#: 864-487-0869<br><b>Facility Email:</b> OSKARMANI@AOL.COM                                  | Cherokee / Ltd. Liability<br>483 LOCKHART LN<br>GAFFNEY, SC 29341-2841<br>HARMONY RESIDENTIAL CARE CENTER LLC<br><b>CRC-1458 / 10/31/2014</b> | 62                    |
| <b>Alzheimer Care:Yes</b> <b>Max # Resident:10</b>   | <b>Alzheimer Unit: No</b>   | <b>Max # Beds: 0</b>  |
| <b>Certifications:None</b>   |   |                       |
| <b>MAGNOLIAS OF GAFFNEY ASSISTED LIVING COMMUNITY</b><br>101 PARK CT<br>GAFFNEY, SC 29341 FAC.#:864-206-0006<br>WISE, BONITA D PH#: 864-206-0006<br><b>Facility Email:</b> BWISE@MAGNOLIASGAFFNEY.COM                          | Cherokee / Ltd. Liability<br>GAFFNEY RETIREMENT LLC<br><b>CRC-1281 / 06/30/2014</b>   | 90                    |
| <b>Alzheimer Care:Yes</b> <b>Max # Resident:24</b>   | <b>Alzheimer Unit: Yes</b>  | <b>Max # Beds: 24</b> |
| <b>Certifications:None</b>   |   |                       |

Totals For Facility/License Type: Community Residential Care FacilityNumber of Activities/Facilities licensed: 3      Number Licensed Units: 180

County: Cherokee

Facility Type: Habilitation R15

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|---|--|-------------------|
| <b>J CLAUDE FORT COMMUNITY RESIDENCE BUILDING I</b><br>816 W MONTGOMERY ST<br>GAFFNEY, SC 29341-1753 FAC.#:864-487-4190<br>THOMAS, MARY H PH#: 864-487-4786<br><b>Facility Email:</b> JWHITE@CHEROKEEDSNB.ORG | Cherokee / State<br>PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL<br>NEEDS<br>COLUMBIA, SC 29240-4706<br>SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS<br><b>MR15-0091 / 11/30/2014</b> | 8                 |
| <b>J CLAUDE FORT COMMUNITY RESIDENCE BUILDING II</b><br>818 W MONTGOMERY ST<br>GAFFNEY, SC 29341 FAC.#:864-487-4190<br>THOMAS, MARY H PH#: 864-487-4787<br><b>Facility Email:</b> JWHITE@CHEROKEEDSNB.ORG     | Cherokee / State<br>PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL<br>NEEDS<br>COLUMBIA, SC 29240-4706<br>SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS<br><b>MR15-0092 / 11/30/2014</b> | 8                 |

Totals For Facility/License Type: Habilitation R15
 Number of Activities/Facilities licensed: 2      Number Licensed Units: 16

County: Cherokee

Facility Type: Home Health

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licensed<br>Units |
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| <b>GENTIVA HEALTH SERVICES-UPSTATE</b><br>517 CHESNEE HWY STE C & D<br>GAFFNEY, SC 29341-2709 FAC.#:864-488-0898<br>RANDOLPH, TERESA PH#: 864-488-0898<br><b>Facility Email:</b> Not on File | Cherokee / Corporation<br>517 CHESNEE HWY STE C & D<br>GAFFNEY, SC 29341-2709<br>TOTAL CARE HOME HEALTH OF NORTH CAROLINA LLC<br><b>HHA-0178 / 11/30/2014</b> | 6 |
|--|---|---|

Counties Served: Cherokee, Chester, Chesterfield, Lancaster, Union, York

License Restrictions:

Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y  
Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

Totals For Facility/License Type: Home HealthNumber of Activities/Facilities licensed: 1 Number Licensed Units: 6

County: Cherokee

Facility Type: Hospital or Institutional General Infirmary

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date | Licensed<br>Units |
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| NOVANT HEALTH GAFFNEY MEDICAL CENTER<br>1530 N LIMESTONE ST<br>GAFFNEY, SC 29340-4738 FAC.#:864-487-1500<br>YATES, BRIAN PH#: 864-487-1500<br>Facility Email: PERICHARDS@NOVANTHEALTH.ORG | Cherokee / Limited Liability<br>1530 N LIMESTONE ST<br>GAFFNEY, SC 29340-4738<br>GAFFNEY HMA LLC<br>HTL-0476 / 05/31/2015 | 125 |
|---|---|-----|

Licensed Beds: General: 125    Psychiatric: 0    Rehab: 0    Substance Abuse: 0  
Other Beds :    NICU: 0    Neonatal Special Care: 0

Certifications: Perinatal Level I, JCAHO Accredited

Totals For Facility/License Type: Hospital or Institutional General InfirmaryNumber of Activities/Facilities licensed: 1    Number Licensed Units: 125

County: Cherokee

Facility Type: Nursing Home

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date   | Licensed<br>Units |
|--|---|-------------------|
| <b>BROOKVIEW HEALTHCARE CENTER</b><br>510 THOMPSON ST<br>GAFFNEY, SC 29340-3620 FAC.#:864-489-3101<br>SIMMONS, TEDDIE D PH#: 803-545-4292<br>Facility Email: ADMIN.BRGA.SC@PALMETTOLTC.COM | Cherokee / Ltd. Liability<br>510 THOMPSON ST<br>GAFFNEY, SC 29340-3620<br>PALMETTO BROOKVIEW OPERATING LLC<br>NCF-0931 / 09/30/2014 | 132               |

Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

|   |  |     |
|---|--|-----|
| <b>CHEROKEE COUNTY LONG TERM CARE FACILITY</b><br>1434 N LIMESTONE ST<br>GAFFNEY, SC 29340-4798 FAC.#:864-487-2717<br>MATTHEWS, CINDY PH#: 864-487-2717<br>Facility Email: CINDYMATTHEWSPTC@BELLSOUTH.NET | Cherokee / County<br>1434 N LIMESTONE ST<br>GAFFNEY, SC 29340-4798<br>CHEROKEE COUNTY<br>NCF-0323 / 11/30/2014 | 111 |
|---|--|-----|

Licensed Beds: Nursing Home: 111 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type:Nursing HomeNumber of Activities/Facilities licensed: 2 Number Licensed Units: 243

County: Cherokee

Facility Type: PSAD Outpatient

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone   | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date  | Licensed<br>Units |
|---|--|-------------------|
| CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE<br>201 W MONTGOMERY ST<br>GAFFNEY, SC 29341-1773 FAC.#:864-487-2721<br>POWELL, MELINDA B PH#: 864-487-2721<br>Facility Email: CCCADAPB@BELLSOUTH.NET | Cherokee / Non-Profit Corporation<br>201 W MONTGOMERY ST<br>GAFFNEY, SC 29341-1773<br>CHEROKEE COUNTY COMMISSION ON ALCOHOL AND DRUG<br>ABUSE-BOARD<br>OTP-0022 / 08/31/2014 | 1                 |

Certifications:None

Totals For Facility/License Type: PSAD OutpatientNumber of Activities/Facilities licensed: 1      Number Licensed Units: 1

County: Cherokee

Facility Type: Renal Dialysis

| Facility Name<br>Location Street<br>Location City, State<br>Administrator/Phone  | County/Ownership Type<br>Mailing/Billing Address<br>Licensee<br>License Nbr/Expiration Date                          | Licensed<br>Units |
|--|--|-------------------|
| DCI GAFFNEY<br>405 TIFFANY PARK<br>GAFFNEY, SC 29341-1262 FAC.#:864-487-1727<br>BOLTON RN, LAURA A PH#:<br>Facility Email: ANNMARIE.ROBERTS@DCIINC.ORG | Cherokee / Corporation<br>405 TIFFANY PARK<br>GAFFNEY, SC 29341-1262<br>DIALYSIS CLINIC INC<br>ERD-0052 / 09/30/2014 | 28                |

Licensed Stations: Hemodialysis: 28 Peritoneal: 0

Totals For Facility/License Type: Renal DialysisNumber of Activities/Facilities licensed: 1 Number Licensed Units: 28Number of Activities/Facilities licensed in county of Cherokee # Lics: 12  
Number Licensed Units : 629

## Report Totals

Total Number of Activities/Facilities licensed 12 Total Number Licensed Units: 629